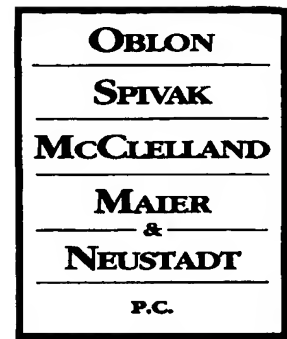


September 28, 2004



ATTORNEYS AT LAW

KATHLEEN A. MORSBERGER
CONTROLLER
(703) 412-6494
KMORSBERGER@OBLON.COM

UNITED STATES PATENT AND TRADEMARK OFFICE
Box 16
Washington, DC 20231

Attn: Frank Lebron
Refund Department

Re: Deposit Account #150030

Dear Mr. Lebron:

Enclosed is a copy of a portion of our deposit account statement of July, 2004. See the highlighted charge on serial number 10/786,544 for \$130.00 on fee code #1053.

When this application was filed on February 26, 2004, a credit card payment form for American Express in the amount of \$1,030.00 was included in that filing. The non-English language fee of \$130.00 was part of that payment. Therefore, there should not be a charge on our account for the non-English specification.

Please review this application and kindly refund \$130.00 to deposit account #150030. Copies of the appropriate paperwork are attached. If you have any questions, please contact Debbie Noel at (703) 412-6296. Thank you for your assistance in this matter.

With best regards,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

A handwritten signature in cursive script that reads "Debra J. Noel".

Debra J. Noel
Accounting Department

Enclosures

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Trademark Office**

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Deposit Account Statement

Requested Statement Month:

July 2004

Deposit Account Number:

150030

Name:

NORMAN F. OBLON

Attention:

Address:

1940 DUKE STREET

City:

ALEXANDRIA

State:

VA

Zip:

22314

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
07/01	1	10378899	234826US3	1806	\$180.00	\$27,478.71
07/01	4	10727514	246144	9204	-\$104.00	\$27,582.71
07/02	1	PCT/US04/13006	234497WO	1703	\$444.00	\$27,138.71
07/02	2	10381736	235546US0PCT	1806	\$180.00	\$26,958.71
07/02	3	10483983	246764US0XPCT	1453	\$1,330.00	\$25,628.71
07/02	3	10212736	226638US2	1806	\$180.00	\$25,448.71
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07/02	11	10636561	23657US2	8007	\$40.00	\$25,048.71
07/02	17	10828352	251521US96DIV	1202	\$36.00	\$25,012.71
07/02	87	60505161	243238US0/JEM	8007	\$20.00	\$24,992.71
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07/02	110	10879365	255041US0CONT	1001	\$770.00	\$24,182.71
07/02	141	10084047	220140US2	1801	\$770.00	\$23,412.71
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07/02	208	09327353	0154-2810-2	1801	\$770.00	\$22,622.71
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07/07	179	10500372	254215US6PCT	1614	\$4.00	\$21,238.71

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NOT IN
OUR SYSTEMNOT IN
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07/19 80	60307909		8008	\$200.00	\$18,110.71
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07/27 21	10722602	246070US2	1202	\$130.00	\$20,973.71
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07/28 1	10258573	229369US2PCT	1251	\$110.00	\$20,813.71
07/28 1	09814728	204968US2X	1501	-\$1,330.00	\$22,143.71
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07/28 3	09664573	197389US2SRD	1501	-\$1,330.00	\$23,903.71

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OSMM&N File No. 249296US2

Dept.: IP-1/JF

By: MJS/kcf

Serial No. New Application

In the matter of the Application of: Noriaki SHIMODA

For: PASTE APPLICATION APPARATUS AND METHOD

Due Date: 02/28/04

The following has been received in the U.S. Patent Office on the date stamped hereon:

- 14 pp. Specification & Claims/Drawings 4 Sheets and
2 Pages Application Data Sheet
- Utility Patent Application Transmittal
- Request for Priority
- Priority Doc 1
- Credit Card Form for \$1,000.00
- Dep. Acct. Order Form
- Fee Transmittal Form
- Information Disclosure Statement
- PTO-1449
- Cited Reference 1
- White Advance Serial Number Card
- Statement Re: Filing in Foreign Language



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Docket No. 249296US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Noriaki SHIMODA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: PASTE APPLICATION APPARATUS AND METHOD

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	8 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	3 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
<input checked="" type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$130.00
BASIC FEE				\$770.00
TOTAL OF ABOVE CALCULATIONS				\$900.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input checked="" type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$130.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$1,030.00

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- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ Credit card payment form is attached to cover the filing fee in the amount of **\$1,030.00**.
- ☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Date: _____

Marvin J. Spivak
Registration No. 24,913

Customer Number

22850

Tel. (703) 413-3000
Fax. (703) 413-2220
(OSMMN 05/03)

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The Commissioner is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no credit card payment can be processed, or credit any overpayment to Deposit Account No. 15-0030.

Credit Card Billing Address**Street Address 1:** Oblon, Spivak, McClelland, Maier & Neustadt, P.C.**Street Address 2:** 1940 Duke Street**City:** Alexandria**State:** Virginia**Zip/Postal Code:** 22314**Country:** U.S.A.**Daytime Phone #:** (703) 413-3000 Accounting Dept.**Fax #:** (703) 413-2220**Request and Payment Information****Description of Request and Payment Information:**

NEW APPLICATION, FILING IN A FOREIGN LANGUAGE, FILING W/O A DECLARATION

Application No.:**Patent/Registration No.:****Docket No.:** 249296US

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